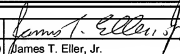
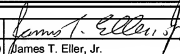
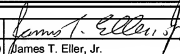


<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/583,861-Conf. #8586</td> </tr> <tr> <td>Filing Date</td> <td>June 21, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Soon Jo LEE</td> </tr> <tr> <td>Examiner Name</td> <td>S. M. Gravini</td> </tr> <tr> <td>Art Unit</td> <td>3743</td> </tr> <tr> <td>Attorney Docket No.</td> <td>3449-0650PUS1</td> </tr> </table>		Application Number	10/583,861-Conf. #8586	Filing Date	June 21, 2006	First Named Inventor	Soon Jo LEE	Examiner Name	S. M. Gravini	Art Unit	3743	Attorney Docket No.	3449-0650PUS1
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Attorney Docket No.	3449-0650PUS1														
<p>TOTAL AMOUNT OF PAYMENT (\$) 810.00</p>															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments </p>	
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<p>FEE CALCULATION</p>																			
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>																			
	FILING FEES		SEARCH FEES		EXAMINATION FEES														
	Small Entity		Small Entity		Small Entity														
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>												
Utility	330	165	540	270	220	110	_____												
Design	220	110	100	50	140	70	_____												
Plant	220	110	330	165	170	85	_____												
Reissue	330	165	540	270	650	325	_____												
Provisional	220	110	0	0	0	0	_____												
							Small Entity												
							<u>Fee (\$)</u> <u>Fee (\$)</u>												
<p>2. EXCESS CLAIM FEES</p> <p><u>Fee Description</u></p> <p>Each claim over 20 (including Reissues) 52 26</p> <p>Each independent claim over 3 (including Reissues) 220 110</p> <p>Multiple dependent claims 390 195</p>																			
<p><u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p> <p>10 - 20 or HP x = _____</p> <p>HP = highest number of total claims paid for, if greater than 20.</p>		<p><u>Multiple Dependent Claims</u></p> <p><u>Fee (\$)</u> <u>Fee Paid (\$)</u></p>																	
<p><u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p> <p>2 - 3 or HP x = _____</p> <p>HP = highest number of independent claims paid for, if greater than 3.</p>																			
<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>																			
<p><u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u></p> <p>_____ - 100 = _____ /50 = _____ (round up to a whole number) x = _____</p>																			
<p>4. OTHER FEE(S)</p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... <u>\$810.00</u>)</p>																			
<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td></td> <td>Registration No. (Attorney/Agent)</td> <td>39,538</td> <td>Telephone</td> <td>(703) 205-8000</td> </tr> <tr> <td>Name (Print/Type)</td> <td>James T. Eller, Jr.</td> <td>Date</td> <td colspan="3">December 19, 2008</td> </tr> </table>								Signature		Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000	Name (Print/Type)	James T. Eller, Jr.	Date	December 19, 2008		
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